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ARTHROCARE CORPORATION
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Customer No. 21394

Atty. Docket No. CB-7-1

"Express Mail" Label No. EK025072555US

Date of Deposit December 6, 1999

BOX PATENT APPLICATION
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Transmitted herewith for filing is the ☐ patent application,
☐ design patent application, ☒ continuation-in-part patent application of

Inventor(s): Terry S. Davison, Jean Woloszko, Michael A. Baker, Hira V. Thapliyal and Philip E. Eggers

For: **SYSTEMS AND METHODS FOR ELECTROSURGICAL TISSUE TREATMENT**

☒ This application claims priority from each of the following Application Nos./filing dates:
09/248,763 / February 12, 1999 ; 60/096,150 / August 11, 1998 ; 60/098,122 / August 27, 1998 ; 08/795,686 /
February 5, 1997 ; 08/990,374 / December 15, 1997

☐ Please amend this application by adding the following before the first sentence: --This application claims the benefit of U.S.
Provisional Application No. _____, filed _____, the disclosure of which is incorporated by reference.--

Enclosed are:

- ☒ 31 sheet(s) of ☐ formal ☒ informal drawing(s).
☒ An assignment of the invention to ArthroCare Corporation
☒ A ☒ signed ☐ unsigned Declaration & Power of Attorney.
☐ A ☐ signed ☐ unsigned Declaration.
☐ A Power of Attorney by Assignee.
☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☐ is enclosed ☐ was filed
in the earliest of the above-identified patent application(s).
☐ Information Disclosure Statement under 37 CFR 1.97.
☐ A petition to extend time to respond in the parent application of this continuation-in-part application.
☒ The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	36 -20=	* 16
INDEP CLAIMS	7 -3=	* 4
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY

RATE	FEE
	\$380
X9=	\$
X39=	\$
+130=	\$
TOTAL	\$

OR
OR
OR
OR
OR
OR

OTHER THAN A
SMALL ENTITY

RATE	FEE
	\$760
X18=	\$288
X78=	\$312
+260=	\$
TOTAL	\$1360

Please charge Deposit Account No. 50-0359 as follows:

- ☒ Filing fee
☒ Any additional fees associated with this paper or
during the pendency of this application
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice
of Allowance, pursuant to 37 CFR 1.311(b).

\$ 1360.00

☐ A check for \$ _____ is enclosed.
1 extra copy of this sheet is enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

ph: (408) 736-0224

John T. Raffle
Reg. No.: 38,585

[Signature]

